

## Health Reform Data Focus of Conference, NCHS Issues 40-Country Chartbook

The National Center for Health Statistics (NCHS) is sponsoring a national conference on data for health reform. This conference, scheduled for July 17–20, 1995, will serve as a national forum to discuss the data needs for health reform and the information infrastructure required to plan, implement, and monitor changes in the nation's health care system. NCHS is furthering the development and use of statistics on minority health with a summer institute and has released a major new analysis of international mortality patterns. A new survey provides the first estimates of the use of emergency departments.

NCHS is the Federal Government's principal vital and health statistics agency. NCHS data systems cover the health field from birth to death, including overall health status, lifestyle and exposure to unhealthy influences, the onset and diagnosis of illness and disability, and the use of health care. NCHS is part of the Public Health Service's Centers for Disease Control and Prevention.

### NCHS Sponsors 25th National Public Health Conference on Records and Statistics

The 25th National Meeting of the Public Health Conference on Records and Statistics (PHCRS), together with the 45th Anniversary Symposium of the National Committee on Vital and Health Statistics on July 17–20, 1995, in Washington, DC, is open to all with an interest in public health statistics. There is no registration fee, but pre-registration is requested.

The theme of this year's conference is "Data Needs in an Era of Health Reform" and will focus on health statistics needed for health reform relative to emerging public health issues. Each day will be devoted to a public health issue—Day 1: Emerging Issues in Public Health, Day 2: The Potential of Health Reform for Vulnerable Populations: A Challenge for

Public Health, and Days 3 and 4: National Committee on Vital and Health Statistics' 45th Anniversary Symposium—Partnerships in Improving Health Information.

The symposium will highlight the critical and growing role of data in the changing health care system. This agenda will cover a broad spectrum of current and future public health concerns.

Since 1958, NCHS has sponsored PHCRS as a biennial national meeting. This 25th PHCRS provides a forum for Federal, State, and local government representatives as well as universities and professional associations to share their statistical knowledge and experience. This diverse gathering supports a variety of perspectives on current issues concerning health information in the United States. Technical and philosophical issues are brought to light during each conference session, and the published proceedings serve as a valuable reference in addressing current issues.

This year's theme reflects the reality that health reform—whether at the national, State, or local level and whether stimulated by private or public initiatives—will require and produce data never available before. The information infrastructure for health reform will encompass not only existing data collection and analysis systems but will also mandate new methods of data development and management. The planning for health reform, its implementation, monitoring, and evaluation will require new analytical approaches as well as utilizing new sources of data.

The data needs for health reform are extensive and range from the identification of emerging issues in public health to the documentation of the role of disease prevention and health promotion. Emerging public health issues and the differential impact of health reform on various segments of the population must be addressed. The 1995 PHCRS addresses the conceptual and methodological issues to provide the necessary statistical support for health reform.

Plenary sessions and concurrent workshops provide the opportunity to

address data needs on specific topics such as injuries and violence, small area analysis, mental health issues, childhood immunization, international health, and emergent care. In looking at the potential of health reform on selected populations, there will be sessions on mothers and infants, children and families, the elderly, those chronically ill or disabled, and people with AIDS. Other sessions will deal with monitoring health care access and utilization, prevention strategies, and measuring the effects of race and class on various aspects of health.

The National Committee on Vital and Health Statistics advises the Secretary of Health and Human Services on national systems of health data collection, on coordination of Federal health data requirements, and on many issues related to data policies, plans, and standards. The Committee oversees data-related activities in the Department, working through the Assistant Secretary for Health.

NCHS serves as Executive Secretariat to the Committee which carries out its work through the full committee as well as its current structure of seven subcommittees, a work group, and several monitors. In the past year the Committee has addressed such issues as uniform data sets, confidentiality, data linkage, medical classification systems, minority health statistics, mental health statistics, State and community health statistics, and health care statistics on long-term hospital and ambulatory care settings.

The Committee celebrates its 45th anniversary during the conference with special sessions devoted to building an improved information infrastructure. Presentations, in this portion of the program, will address integrating data systems, developing standards, data integrity, and meeting the needs of multiple users. Participants will address "real life" experiences of current data users as they present solutions and approaches to improve the data infrastructure of the future.

For more information on the conference program or to obtain a registration packet, please contact Barbara Hetzler, NCHS, 6525 Belcrest Road, Hyattsville, MD 20782, (301) 436-7122.

## **New International Mortality Chartbook Compares the United States and 40 Industrialized Countries**

NCHS has just published its first comprehensive chartbook on international mortality. The report presents a series of tables and charts showing country rankings and trends for selected causes of death and variations in patterns of mortality in the United States and 40 industrialized countries. "International Mortality Chartbook: Levels and Trends, 1955-91" (1) combines data from the National Vital Statistics System with those provided by the World Health Organization in a standard format to facilitate international comparisons.

The report also contains age-adjusted death rates for both a set of 19 causes as well as 17 selected cancer sites for the years 1955-89 for each country. This chartbook is the first in a series of publications; others will focus on separate age groups and specific causes of death.

The chartbook was produced to facilitate the comparison of mortality data in the United States with the patterns in other countries. It presents information ordinarily unavailable or difficult to obtain in standardized formats useful to the general and specialized user. The chartbook is available from NCHS by contacting the Data Dissemination Branch, (301) 436-8500. Highlights of the report follow.

- Overall mortality for U.S. white males and females ranks in the lower third among industrialized countries, while that for U.S. black males and females is near the highest among industrialized countries.
- United States stroke mortality is the lowest for any industrialized country.
- Mortality from cancer: all sites among U.S. black men and women are particularly high. Mortality from prostate cancer among U.S. black males is much higher than that for any other industrialized country. Mortality from breast cancer for black women surpasses that of any other country in the study.
- Mortality from respiratory cancer among both black and white U.S. women is extremely high compared with other countries.
- The differences between the United States and other countries in mortality from heart disease, stroke, colorectal

cancer, and unintentional injuries have narrowed.

- In contrast, there has been a steep widening of the differences in mortality among females caused by respiratory cancer and homicide among males.
- While heart disease is the leading cause of death for the majority of industrialized countries, it is outranked by cancer in a number of countries.

## **Summer Minority Public Health Institute to Improve Data on Minority Health**

An important component of NCHS' Minority Health Statistics Grants Program is the Summer Minority Public Health Institute to be held at the University of North Carolina, June 19-23, 1995. Developed in cooperation with the Association of Schools of Public Health, the week-long program will feature courses designed to improve research methods, decision making, policy development, and planning for minority health. Courses will emphasize issues and solutions related to collecting and analyzing data for racial and ethnic populations; addressing the methodological, analytical, and interpretational issues of using race as a surrogate for socioeconomic status; identifying and reducing barriers to conducting research in minority communities; and designing surveys to study minority populations and subpopulations.

Researchers, graduate students, postdoctoral fellows, and professionals in Federal and local agencies and community organizations are invited to attend. Space is limited and a limited number of scholarships will be available.

The Institute consists of a series of daily modules, each focusing on a specific topic relevant to minority health research. These modules will address theoretical and practical issues related to the collection, analysis, and interpretation of racial and ethnic data. Strengths and weaknesses of existing data bases will be reviewed for policy, program, and research purposes. The Institute will explore innovative research strategies and methodologies relevant to the health of minority communities. Specific topics will include racial and ethnic classification, survey sampling, small area analysis, measuring racial disparities in health status, racism as a risk factor, and distinguishing between

race-ethnicity and social class.

The topics will be approached through a combination of lecture, class discussion, and problem-solving exercises. The Institute instructors will be joined by representatives from NCHS and other persons with experience in conducting research in minority health and developing new and innovative research techniques. For a program, registration form, or more information contact the Department of Biostatistics, School of Public Health, CB#7400, 3108 McGavran-Greenberg, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400.

The Summer Minority Public Health Institute is the first of its kind. It will be held annually at the University of North Carolina. The 1995 program follows a successful pilot conducted last year at the University of Michigan. The Summer Institute Program is viewed as a model which can be adopted by other universities and integrated into their teaching and research programs.

Another project funded by NCHS and developed at the University of North Carolina is the inventory of national and subnational data sets available for conducting special studies, analyses, and methodological research on minority health. The inventory also includes journal articles, books, and works-in-progress as well as major data sets. Through the project, NCHS is creating a body of knowledge on minority health which does not currently exist in this scope and breadth of coverage.

The NCHS Minority Health Statistics Grants Program has also funded a number of population-specific data collection, analytical, and sampling projects and increased efforts in training and technical assistance.

—SANDRA SMITH, MPH,  
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## **Reference .....**

1. Zarate, A.: International mortality chartbook: levels and trends, 1955-91. National Center for Health Statistics, Centers for Disease Control and Prevention, DHHS Publication No. (PHS) 95-1008, Hyattsville, MD, 1995.